

## Application or Docket Number

**CLAIMS AS FILED - PART I**

TOTAL CLAIMS	45	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	45 minus 20 =	25
INDEPENDENT CLAIMS	9 minus 3 =	5
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

## CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	45	Minus	45	=
Independent	8	Minus	8	=	—

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY TYPE <input type="checkbox"/>	
RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=	225	OR	X\$18=	
X40=	200	OR	X80=	
+135=		OR	+270=	
TOTAL	780	OR	TOTAL	

SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	45	•	45
Independent	-	8	-	8
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
• If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  
• If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  
The Highest Number Previously Paid For (Total or independent) is the highest number

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